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A SELECTION

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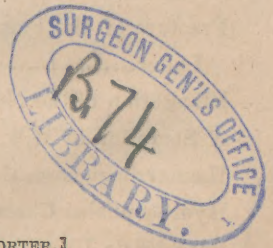
REMARKABLE CASES

OCCURRING IN A

PRACTICE OF EIGHTEEN YEARS.

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BROOKLYN, N. Y.



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POLYPUS UTERI.

On the 13th of August, 1855, I was called to see Mrs. D——, a young English woman, twenty years of age, who had been married for four months. Her marriage took place during menstruation, and, at that time, her illness commenced. Hitherto she had always, in a remarkable degree, enjoyed good health; and rarely, in her life, taken medicine of any kind.

I found that she was feverish, and suffering from nausea, and a feeling of oppression at the stomach; and that the menses, present two out of the four weeks, were attended with a profuse, exhaustive flow and great pain, similar to that from dysmenorrhœa.

Our first impression was that the uterine discharge was due to the impeded circulation in the vena portæ, which occasioned a congestive condition of the other abdominal viscera; and that a speedy relief from this complication would follow a proper attention to and cure of the hepatic derangement. On this assumption she was treated with mercurials, until a slight constitutional effect was evinced, by the tenderness of her gums; when gradually, the yellowness of the skin disappeared, the hepatic secretion

became natural, and the digestive organs regained their natural condition. Nevertheless, a hidden cause of irritation remained undiscovered, as was manifest from the profound implication of the nerve-centres, and the rapidity of the pulse; which, throughout her sickness, remained constantly above 100 per minute, and from augmented sufferings, many times, rose to 130. The uterine symptoms were not relieved, but rather increased and intensified. These were a profuse hæmorrhage, attended with pain of a grinding cutting character, that was agonizing, very persistent, and with difficulty subdued, unless by large doses of anodynes; and an elastic tenseness and acute tenderness in the region of the left ovary, extending somewhat above the pubic bones, but not to other portions of the abdomen. On tactile examination by the vagina and rectum nothing could be discovered that afforded a single ray of light in the darkness surrounding the disease. The peculiarity of the pain experienced by the patient indicated, that the womb contained a formation of some kind, which was constantly inciting it to contract for its expulsion; though the fibrinous coagula, that appeared to be constantly forming,

yet only occasionally expelled, whenever the suffering was most severe, seemed sufficiently to account for the symptoms, without assuming the presence of a polypus, which I was unable to detect.

In the treatment hitherto followed, we had, unwittingly, confounded cause and effect; and directed our efforts to the removal of a result rather than the source of the disease. The jaundice, as at this stage seemed clear, must have been symptomatic of irritation in the generative organs; yet, after narrowing down the range of our investigations to so small a circle, the great difficulty lay in the fact, that it was impossible to fix, with certainty, upon the exact structure implicated, or the morbid changes that had and were now taking place. In our doubts, from the difficulty of otherwise solving the significance of the symptoms, and the apparent lack of other causation; we now adopted the view, that there existed an inflammation of the left ovary and treated the case for two and a half weeks with diaphoretics, anodynes, fomentations, leeches and blisters with no better result than at first.

Dr. E. J. Tilt (Diseases of Menstruation and Ovarian Inflammation) maintains, from clinical experience, that the ovaries bestow, exclusively, on women her special organization; that all disorders, peculiar to her, originate, sympathetically, from this source; that the uterus is merely a receptacle provided for the sojourn of the foetus for a limited period; that the uterus is wanting, entirely, in those vital relations and extensive sympathies universally attributed to it; and that its diseases are simply results of ovaritis, only curable by attacking the primary disease.

These doctrines of Dr. Tilt, I would remark, en passant, have not been confirmed by my experience in later years, although it has been somewhat extended; and I should say that, in my opinion at least, uterine disease rarely owes its origin to this source.

The patient had now been under my charge for more than six weeks; during which time the uterine symptoms—a more abundant flow, severer pelvic pains, greater tenderness, hardness and swelling above the upper rim of the pelvis—had, gradually, become more urgent. The catamenia invariably appeared on the day for their recurrence, at first natural, fluid, moderate in quantity, and attended with little or no

pain for two or three days; then gradually they became hæmorrhagic, very profuse, clotted and accompanied with pains resembling, exactly, the throes of labor. The discharge, remaining thus at its height for several days, would slowly subside and eventually cease; when an interval of three or four days would follow, in which there would be almost a complete immunity from suffering; and slight evidences of a fixed disorder, excepting the inroads made on the constitution, observable on such occasions, most palpably. The patient would express herself as feeling almost well; and, frequently, would be up, and attempt to do some light work; but yet, her pulse, as before mentioned, was uniformly hard, corded and above 100 per minute.

As, on repeated examinations by the touch, nothing was discoverable to aid me in solving the mystery enveloping the case; I succeeded, after much hesitation and delay on the part of the patient, in gaining her assent to the employment of the speculum. Her scruples were only overcome after enduring two periods of fearful drainage, that produced great exhaustion, and placed her life in imminent peril. This means of investigation, however, afforded no additional information, and only revealed a puffy state of the neck, and a patulous condition of the mouth of the womb. No morbid growth could be seen, and by using the sound, none could be discovered in the uterine cavity. At this result, I felt much disappointment; since, at this stage, the peculiarity of the symptoms indicated the presence of a polypus; and I was forced to conclude that it was too small, if it had an existence, to be perceptible. Reviewing the whole history of the case, it seemed highly probable that there was an inflammatory state of the lining membrane of the uterus; since, several times, on using the speculum, a small fibrinous clot was expelled into its cavity. Any way, without feeling over confident in this new supposition, I resolved to make another attempt for her relief, knowing that if a polypus was forming I should be obliged to wait for its development.

Once or twice, during the inter-menstrual period, I introduced into the cavity of the uterus, by means of a bit of sponge attached to a whale bone, a strong solution of lunar caustic. During the flow, cold water was used externally, and by the rectum; and, whenever the pain was excessive, anodynes were given. Every effort

was made by tonics, stimulants and a nutritious diet to add tone to her nervous system and the elements of nutrition to her blood; both of which had been exhausted by the continuance and severity of the hæmorrhage. This course was followed with slight variation to the 18th of February, 1856, when the patient moving to New York, passed from my hands.

There was the most marked improvement in all her symptoms; in her general appearance and strength; in the discharge which was fluid, and scarcely one quarter of its former amount; in the pain which was more of a weakness and uneasiness than an expulsive effort, and in the relief from the flow which, progressively shortening in its continuance had been absent for 8 to 12 days at a time. It appeared to me then,—an opinion which I am still disposed to hold,—that endometritis existed from the first; and that a plan of medication to subdue the inflammation would have successfully met the hæmorrhage, and prevented the formation of a polypus; which eventually arising on this inflamed base gradually monopolized the nervous and vascular supply of the part, and thus cured the original disease by the simple process of one supplanting another.

As, on removing to New York, the patient became worse again in two or three months, her husband, by the advice of friends, was induced to try the *other system*—so-called—of medicine. A gentleman versed in the sibylline books, and oracular in this modern mystery, so vauntingly proclaimed, as though it possessed a talismanic potency which would attain results, as by magic, by inconceivable, material agencies, was called to administer to her necessities. He, with an infinite faith in his infinite attenuations, nothing doubting, assailed the enemy boldly by heavy and continuous discharges from his liliputian artillery. Incredible to relate, this system—that never fails and which, with a fair start and a clear field, can conquer the great Conqueror of all flesh—now, for a reason not very apparent, receives a check; nay, I may say, is discomfited. Nothing daunted, however, other wise men are summoned in counsel, one after another, until five, learned in the divisibility of matter, and in the interpretation of the inarticulate mutterings of the Anima or Archæus inhabiting the body, united their wisdom in a grand sum total, and simultaneously made fearful onslaughts on their

common enemy with the same ill success. Having exhausted their armamentarium medicum, or rather having exhausted the patient in their pursuit of symptoms, by new method of warfare, they resumed their old fashioned weapons, which, being somewhat rusty, did little or no execution—at least for good. At length, after a trial of eight months, they ventured an examination, which revealed to them a large body filling the vagina, to which they were sadly puzzled to give a name. In their doubts, a surgeon from the regular profession is summoned to their aid; a person of repute in the art, though, I am sorry to say, with a character that must ever be tarnished by such company. In a period of four months eight examinations were had, whilst the patient was under the influence of chloroform; when, finally, the conclusion was arrived at, that the tumor in the vagina was an inverted uterus; which, it was proposed, to remove by ligation, an operation, in their opinion, feasible and attended with little hazard.

Mrs. D. came to visit a friend in this city for a few days, with the intention of learning my views in regard to the disease, and the propriety of its removal by an operation. On the 2d of September, 1857, I received a message to call on her, immediately, as she was in a dying condition from the loss of blood. I found her faint, speechless and blanched by a sudden and profuse hæmorrhage, amounting to at least sixteen ounces, which took place in a short time, with pains like those of labor. For fear of re-exciting the flow that had ceased on my arrival, a slight examination was made; only so far as to reveal a large body filling the pelvis to its utmost capacity, pressing down on the perinæum, and sensitive, apparently, to the touch. A few days use of tonics and stimulants having revived her, a more thorough exploration was instituted.

Mrs. D. stated, that, after her removal to New York, she continued, for a time, much as before; then by degrees lapsed into a state of flooding, profuse and nearly constant, but eventually of a paroxysmal character;—a sudden gush, generally copious, with uterine contractions,—when it would cease for longer or shorter intervals. The change in the mode of the discharge was satisfactorily accounted for by the tampon-like body distending the vagina.

At all times there was a persistent expulsive

tenesmus, and cutting, lancinating pains through the sacrum and pelvis, that kept up a constant state of lingering agony; in fact, the pains of a quasi labor were rarely absent, and reached their acme when the hæmorrhage was most copious.

As before stated, there was found in the vagina a large body, pyriform in shape, with its larger extremity downward; filling the pelvis completely, and crowding itself upward to the height of the superior strait, downward on the floor of the pelvis and backward on the rectum. Without the aid of injections, fæces or flatus even could not be passed; and generally, though these were used, great difficulty was experienced in relieving the bowels.

By a considerable degree of force the finger would pass each side of the tumor; except posteriorly, where it pressed down on the perinæum much like a child's head in parturition. In front, by the strongest pressure upward, it was barely possible to touch, but not very accurately or definitely, a substance firmer than the mucous membrane, with which however it seemed a part; but to either side it could not be detected. By drawing back the perinæum a good view of the lower surface of the tumor was obtained. It had a red, velvety look, like the mucous membranes in a state of congestion; was coated with a copious secretion of mucus, and traversed by large blue and red vessels; in fact, its shape and appearance were such as would be presented by an inverted uterus. Besides, as she asserted, the tumor was sensitive—the gentlest touch being appreciated and rough handling causing pain—though of this fact I could not, satisfactorily, assure myself; since the patient's sacral nerves, from long-continued irritation, were super-excitable, as we observe in neuralgia; and any pressure on the tumor would, from its accurately filling the pelvis, be felt in all of the contiguous structures.

On the 24th of February, fortified by the aid and counsel of two professional friends of large experience, I went prepared to make a thorough exploration; and, if a polypus was diagnosed, to apply a ligature to its pedicle. The tenesmus, that was always excited by an examination, being removed by the use of chloroform; it was possible to feel more accurately the firm rim above mentioned and trace it, though imperfectly, to either side. The sound, introduced along the finger, passed three quarters of an

inch, anteriorly, beyond this firm border; and when pressed, laterally, entered from two and a half to three inches. Hence I concluded that we had to deal with a polypus, whose insertion was on the anterior walls of the uterus; since, in a case of inversion, even though partial, it would be impossible to pass an instrument so far within the os uteri.

Unfortunately this diagnosis, in which I was most decided and positive, was not concurred in by the consulting surgeons; one being equally decided and positive that there was a complete or, more probably, a partial inversion; and the other uncertain, though in the main inclined to my view, more from the difficulty of understanding how a virgin uterus could be inverted than from any information afforded by the examination.

Having spent nearly three hours in exploring and comparing opinions, I was advised to apply the ligature, in case no doubt or misgiving remained in my mind, and I was prepared to assume the responsibility. This I felt emboldened to do; both by my confidence in the existence of a polypus, and by a previous request of the patient; who entreated me to venture upon any procedure however hazardous, that promised relief; as life to her with such sufferings was a burden. Moreover, it was apparent, even to the unprofessional observer, that her constitution could not much longer bear up under these profuse hæmorrhages; and that death was approaching, with a steady, even step, unless a risk was assumed by some one for her preservation.

I employed Profs. Campbell & Van Buren's modification of Gooch's double canula. This instrument,—which may be found figured in Gardner's translation of Scanzoni—from the ligature being tightened by a screw, immediately strangulates the polypus and thus expedites very materially the ulcerative process; by which means, the irritative fever is lessened and the danger of purulent absorption obviated. The ligature, a double strand of saddler's silk, was applied around the pedicle with less difficulty than was anticipated; and, in less than ten minutes, the operation was completed.

The patient experienced little inconvenience for the first two days; but on the third and fourth she sank very low with an ataxic fever, that was attended with a muttering delirium, a most

alarming prostration and a discharge, in large quantities, of foetid pus; symptoms, that boded a serious result, had they not been quickly relieved by the polypus becoming at this juncture detached. Its remains consisted of fasciculi of muscular fibres resembling the columnæ carneæ of the heart; and, though much the larger portion had sloughed, was of a size one half larger than a goose egg; whence we conclude that, originally, its bulk must have equalled that of the head of an eight months' fœtus.

I am happy to state, that, though more than seven years have since elapsed, our patient continues to enjoy uninterrupted health, and is not annoyed with any abnormal uterine symptoms; but yet, much to her sorrow, her marriage remains unblest.

POLYPUS OF THE CANAL OF THE CERVIX UTERI.

During the spring of the present year a case of polypus uteri came under my care, that was interesting from the peculiarities presented, on examination either by the finger or speculum. These, though not very singular, and, in my opinion, frequently observed under the same conditions, might mislead others into a false diagnosis; as was the case, in this instance, with an obstetrical teacher, who, the year previous, had the lady under charge, and declined to operate, as alleged, by reason of the number of polypi embedded in the neck of the womb. By the touch the canal of the neck was felt to flare open from the inner os, which was closed; and to be studded with prominences, that were separated by deep sulci. By the speculum a small mucous polypus, pedunculated and the size of a pea, was seen attached just within the outer os; and, lining the inner neck, were irregular projections, that resembled fibrous polypi, growing, without pedicles, from the uterine tissue. This appearance, I had no doubt, resulted from the increased nutrition of the rugosities; (the markings between which, form what is called the *arbor vitæ*) which, from the congested state of the uterus, had become greatly enlarged; and I expected, that when the polypus, the cause of the preternatural flow of blood, was removed; the surrounding parts would return to their normal condition. The operation was done by torsion. The succeeding menstruation was excessive; but this function, has since been natural; the cavity of the uterine neck has returned to

its normal state, as was verified by observation; and the woman's health is thoroughly re-established.

This lady, for five years, had suffered from a profuse menorrhagia, and was rarely free more than eight days in a month from a bloody discharge. However long her periods continued, and however excessive they might be, they invariably returned at the appointed time. By this persistent drainage she had become greatly debilitated and very anæmic.

POLYPUS OF THE CANAL OF THE CERVIX UTERI PRODUCING CONGESTION, PROCIDENTIA AND MENORRHAGIA.

A woman, of about forty years of age, presented herself at the College clinic during the last session, with a procidentia uteri, that had troubled her for more than two years, producing tenesmus, and a feeling of dragging and pressure, and attended almost constantly, with a sanguineous discharge, which often was profuse. On inspection, the neck of the uterus—swollen and chafed—was found protruding externally; and the inner neck, just within the os externum, had a polypus no larger than a pea hanging from its surface. The menorrhagia ceased, and the congestion diminished, when I had removed the polypus by torsion; and the patient's unpleasant sensations were so much relieved by the operation, and by wearing a piece of sponge, which after introduction was wet by injections of alum water, that she declined the employment of a globe pessary, to prepare for which these means were instituted.

URTICARIA.

Mrs. P—, a patient of mine for the last sixteen years, is the subject of a singular idiosyncrasy; and also of a peculiar functional disorder of the nervous system. She is fifty years of age, of a delicate organization, and nervous temperament; and has never had much ill-health, other than a feebleness of constitution; which, at times, requires her to resort to tonic medicines, more especially, vegetable bitters.

The idiosyncrasy is remarkable. The eating of strawberries, however few in number, affects her most violently. She is seized with the severest form of cholera morbus; has repeated turns of fainting; is prostrated profoundly, as though by a poison, and covered over the entire

surface of the body with the wheals of urticaria; which, being attended with unusual irritation, cause great swelling, particularly of the face, by which the eyes are closed. What renders this peculiarity more striking, is the fact, that no other kind of food will awaken this train of symptoms.

After a few lessons in early life she learned to avoid this fruit, and no temptation induced her to taste it, until many years afterward; when she was persuaded, through the ridicule of her friends at such foolish whims, to take three garden strawberries on trial. The result was a repetition of the experience of her childhood. All of the old symptoms, in less than half an hour, presented themselves in their former severity; and, continuing for two days, reduced her very much. It was more than a week before she regained her ordinary health. Since this experiment Mrs. P. has never lost faith in her own *provings*, nor forgotten her *trials* in strawberries; though these run counter to, and are in the face of, the universal experience of mankind.

This lady's father and his brother were affected in a similar manner, but none of the other members of his family; and her children, of whom there are three, use this fruit without suffering any inconvenience.

It should be mentioned, in addition, as another evidence of the peculiar impressibility of this person's nervous system; that, whenever, she is brought into the neighborhood of newly mown hay, an attack of asthma is excited. From these attacks, which have been rather frequent, a chronic catarrh, has been super-induced; that renders her the subject, almost constantly, of a cough; but the asthma does not arise except from the peculiar influence to which she is susceptible.

ECLAMPSIA NUTANS.

This lady is, likewise, affected with an aberration in the function of the nervous system, more singular than the idiosyncrasies just mentioned; which I shall venture to rank under the head of *Eclampsia Nutans*, or *Salaam Convulsions*; though in doing so, I may, perhaps, leave my diagnosis open to criticism. The description of the remarkable features of the case, will convince the reader, that there are, at least, only two other diseases—Chorea and Hysteria—to which the phenomena presented can be ascribed; and,

that the essential characteristics—the distinctive symptoms—peculiar to these disorders are lacking.

The lady, when seventeen years of age, became greatly alarmed at the sight of a large fire in close proximity to her father's house; and then, for the first time, several paroxysms of these convulsions, that have since followed her, showed themselves in succession. In after life, their recurrence was very variable; usually, there would be a respite for weeks, more especially in cool and bracing weather, as her appetite and digestion were better at this season; but often she would have many attacks in a day, even from twenty to thirty, particularly if she was suffering from any illness, or the tone of the nervous system was lowered by mental or bodily depression. In this latter condition the most trivial causes excited a paroxysm; a hasty word, disagreeable news, the ringing of the door-bell, an unexpected call of a stranger, etc. My first professional visit was signalized by one of these marked demonstrations, that startled me by its sudden appearance and singular nature.

The convulsive movements commence without premonition. A deathlike feeling at the epigastrium is immediately followed by a rapid beating of her knees with the open hands with irregular alternate strokes, by a simultaneous stamping, in the same manner, of her feet, which are turned inward, resting on the outer edge, and by a series of bowings of the body but more markedly of the head as in a salutation, in unison, more or less imperfect, with her hands and feet. These movements of the head and body are attended by similar ones of the thighs which are flexed by like motions. From the peculiar shape her person thus assumes, she never falls while sitting, though in a rocking chair, but seems to be fastened in her position by the nature of the muscular spasms. These, which are completely beyond the control of the will, unaccompanied by a loss of consciousness, and never varied in character, so that one is a perfect type of all others; continue for about two minutes, when suddenly a complete relaxation follows. Now she experiences a feeling of exhaustion, from which, however, if the convulsions are at an end, she promptly recovers and regains her natural condition; and even, as I have witnessed, resumes the conversation that had been momentarily interrupted.

Though Mrs. P., has been affected in this manner for thirty-three years, the attacks are not more severe or frequent; nor are any ill-effects discoverable. Her memory and intelligence are unimpaired, and her health and strength have suffered no serious inroads, other than what are incident to advancing years, although these convulsive paroxysms must be numbered by hundreds; in short, neither her mind or body bear the marks of a chronic disease of many years standing. From results, we must conclude, that the causation is of a functional rather than an organic origin. That this is not hysterical, I am inclined to think, from the fugitive nature of the attacks, their constant unvarying character, and the lack of distinctive symptoms. The analogy between her disease and chorea is more intimate, though the latter is not paroxysmal or spasmodic, but consists rather in an imperfect command of the will over the muscles, which are ever executing movements contrary to its bidding.

The symptoms presented by this case resemble, in a striking manner, those observed in the few instances of Salaam Convulsions that are recorded; but differ in the fact that this disease has been alone seen in children, and has been found to end in a lesion of the brain, as shown by the super-vention of either epilepsy or idiocy.

AN ANOMALOUS FORM OF CONVULSIONS.

Twelve years since I attended Mrs. G., 52 years of age, whose constitution, never very robust, had been shattered by continuous and excessive overwork. Being a woman of great energy and ambition, prudential considerations failed to induce her to be more sparing of her health; particularly was this the case for several years preceding, when she redoubled her exertions, not only to support the family, more or less dependent on her, but also to educate her only son—the idol of her heart—at college. Eventually, exhausted nature gave out, and she was obliged by weakness and nervous irritability to take to her bed. For the first two weeks she had, in addition to great prostration, several convulsive attacks, which were thought to be of an hysterical character; but gradually they became more frequent and assumed a remarkable phase. During the third and fourth weeks of her illness, the peculiarities in this case became more marked and distinctive; and, near the close of the time, the convulsive action of the left side of the face presented itself

in the manner in which, subsequently, it affected the entire body. Hitherto, the spasms were moderate in extent, being confined almost wholly to the muscles supplied by the portio dura of the seventh pair of nerves, excepting, at the more severe seizures, when there would be slight tremors in other parts of her body. At the end of the fifth week the convulsions, that had of late been very violent in the left side of the face, suddenly becoming general and reached their acme; when a remarkable series of phenomena presented themselves; which I shall attempt to describe.

In the first place, a twitching began at the left angle of the mouth, that extended, as it became more violent at this point, over the left side of the face, neck and upper portion of the chest; and then, as these parts were fully convulsed, the left arm, side and leg in succession became affected in the same manner. Beginning at the face, the right side was invaded in the like order; (the convulsions being unabated in the parts already attacked;) when the whole body was racked by the most frightful tetanic spasms, which distorted the face with a horrid ghastly grin and bowed the body in an arc, so that the back of her head and her heels alone rested on the bed. Remaining in this position for a few seconds, during which the skin assumed a blue tint from the non-aeration of the blood; suddenly, the muscles became relaxed, a deadly palor came over the face, the eyes glared open, respiration ceased, the pulse stopped, and also, apparently, the action of the heart. Every appearance of death was present; yet, in a few seconds, there could be detected a feeble pulsation of the heart, a returning wave of blood in the arteries, and a gentle movement of the ribs, which increased in power, until, at length, with a rekindled vital energy, every organ fulfilled its office. These convulsions continued for twenty-four hours; and recurred precisely, to a second, every ten minutes; one the exact counterpart to all the others, without the slightest deviation either in the time of their continuance, or the character of the phenomena presented. The paroxysm occupied five minutes, reckoning from the first noticeable movement at the angle of the mouth to complete relaxation of the muscles, and the interval, consequently, covered the same space of time. The spasms after continuing for a day and night abated gradually in frequency and

force; and then in seven or eight days returned to their original character; though they still manifested a proneness, as shown by tremors in the limbs, to extend from the face to other parts of the body. This lady is now living in the full enjoyment of her mental faculties; and has, perfectly, the use of her limbs, and, although an invalid, is able to go around the house, do light work, and walk or ride out, a condition of things showing conclusively that there is no lesion of the nerve-centres; in other words, that her disease is functional not organic. Of late years the attacks, infrequent and trivial, are confined to the left side of the face, and limited to a light spasmodic twitching which is apt to occur whenever she is worried, irritated or over-tired.

My friend, Dr. McClellan, attended this case with me in consultation, and was, equally with myself, surprised and puzzled at its singular and anomalous character.

AN ABSCESS IN THE MUSCULAR WALLS OF THE UTERUS.

In April, 1854, I was called to visit Mrs. M. an American lady of this city, forty years of age; whose catamenial periods had, for several months, been irregular in recurrence and variable in quantity; a condition due, apparently, to the approaching decline of the menstrual function. For several years she had had, on the right side, a femoral hernia; which, originating during one of her labors, was poorly retained within the abdominal cavity by an ill-fitting truss. The intestine, which had been irreducible by her efforts for several days, was sensitive to the touch, and the centre of irradiating, lancinating pains. There was considerable sympathetic disturbance—loss of appetite, tympanitic abdomen, nausea, nervous irritability, a quickened though soft pulse, no active febrile movement, but rather, a proneness to perspiration with increased heat of the surface. There was tenderness over the hernial protrusion, which extended to the right iliac region; but there was neither tenderness or hardness observable in other parts of the abdomen. On careful inquiry, no symptoms pointing to the uterus as the seat of disease, were discoverable; excepting the fact, that, some two weeks before, the patient had wet her feet during the monthly flow, which was suddenly checked. Then she began to be troubled with flatulence and pain of a colicky nature, which seemed to centre around and above Poupert's ligament on the right side.

Here the pain and soreness had now become seated, and were the chief subject of complaint.

On reducing the intestine, as was readily done, it was found to protrude again, though the patient did not rise from her bed. The truss she had been striving to wear being useless, after several days' delay, a new one was procured, which answered its purpose effectually; but still her symptoms, instead of improving, gradually assumed much greater severity. These, more typhoid in character, were attended with a profuse perspiration, and a pulse lacking force or volume, and gradually rising to 120 beats per minute. The bowels became permanently distended with gas; and the tenderness, extending from the right iliac region over the lower portion of the abdomen, was now most marked above the pubic bones, where a hardness and resiliency could be felt, as though the hand came in contact with an elastic incompressible substance. This was the enlarged womb, as was more accurately diagnosticated by an examination through the vagina and rectum.

By the speculum the uterine neck was found to be puffy, of a pale color, and the os uteri more patulous than natural.

Such was our patient's condition during the third week of our attendance.

The treatment consisted internally of anodynes, antispasmodics, and laxatives; and externally of fomentations, leeches, and blisters.

The symptoms mentioned above continued into the fourth week, with increasing evidences of prostration, and the addition of occasional feelings of chilliness and trembling, and a constant coldness of the extremities.

The treatment was changed for one tonic and stimulating.

On repeating the speculum examination, a small quantity of pus was seen to exude from the os tincæ; apparently, forced from the uterine cavity by the pressure of the instrument. This observation was verified on several of the days following. The pus increased in quantity for five or six days; then gradually diminished for about the same period; and, ultimately, disappeared in two weeks time. At first it was thick, yellow and laudable; but near the close, became bloody and sanious. Altogether there must have been from eight to ten ounces discharged; since, for several days, whenever the speculum was introduced, from four to six drachms of matter oozed

from the os uteri; and, besides, at other times there was a constant dampness on the cloth applied to the external parts. As the pus was eliminated, the tenseness, distension and tenderness of the abdomen rapidly subsided; when the uterine globe, perfectly defined in its outline, was felt, by the hand applied externally, to be nearly the size of the closed fist. The state of the uterus appeared much as it is after confinement; and its subsequent involution was equally rapid and perfect.

Notwithstanding the relief of the local suffering was most complete, the constitutional status of our patient became each day more uncertain, and eventually highly alarming—hectic, colliquative perspiration, a running feeble pulse, ranging from 130 to 140 per minute, and a prostration of the life-force so profound, as to warrant the most serious apprehensions in regard to the ultimate result. Nutrients, tonics and stimulants were pushed with redoubled assiduity, and though the contest seemed doubtful for a time; eventually, our efforts were crowned with success. The patient, convalescent in ten weeks, regained her wonted health in the two following months. The uterus returned to its normal condition and there were no remaining pelvic disorders to remind her of this long and dangerous illness.

This case, from its extreme rarity, merits a careful study. Very few practitioners, however broad their field of observation, have ever met with an instance analogous to this; and, though solitary cases have been published, most systematic writers do not, even in name, allude to such a disease. Examples of it are to be found detailed in the works of Mauriceau, Van Swieten, La Motte, Ashwell and Scanzoni, but none, more remarkable or better defined, than the one just related.

Commentary.

In our patient, (if we may be allowed to interpret the phenomena presented,) the sudden check to the menses caused a congestion of the uterus; which taking place at the climacteric period, when the function of the organ was declining, and the power to resist morbid agencies was less potent, resulted in a permanent stasis of blood. This continuing several days, though manifesting itself only by gradually increasing sympathetic disorders, eventually resulted in a circumscribed inflammation in the muscular walls of the womb. This inflammation went on to suppuration; and,

undoubtedly, the steps of the process were identical with those that occur in the formation of a phlegmonous abscess in any other portion of the body.

This abscess instead of rupturing into the peritoneum, rectum or bladder, fortunately discharged its contents into the uterine cavity; whence there was a free exit, that allowed the womb to subside and the walls of the abscess to coalesce and close. That its location was either in the fundus or body of the uterus was made out by palpation of the abdomen, and by the touch through the vagina and rectum. It did not implicate the neck; this being neither inflamed, tender, congested, or much swollen; nor was the pus formed in the cavity, since the patulous state of the os forbid its retention in any quantity. The body and fundus of the uterus, uniformly enlarged as in pregnancy, subsided rapidly, in volume on the supervention of suppuration; when the patient alone suffered from those typhoid symptoms, that always follow the discharge of large, deep-seated abscesses. That this was the sole lesion was shown by the return of the womb to its normal condition, and the lack of any remaining pelvic disorders or even painful sensations. Probably the peritoneal inflammation was slight and localized; and, scarcely, could there have been an affection of the uterine veins, since phlegmasia dolens or pyæmia would have almost surely followed.

With the consent of the husband, when the appearance of pus indicated the nature of this unique case, I availed myself of the counsel of my friend Prof. JAMES R. WOOD. I was more especially anxious to obtain his opinion in regard to the pathological changes that had taken place, and thus have my conclusions confirmed or disproved. The examination was gone over with great care and circumspection, and resulted in establishing to the satisfaction of us both, the views advocated above.

FRACTURE OF THE FEMUR BY THE MUSCULAR CONTRACTIONS OF THE UTERUS IN A NATURAL LABOR.

Two years last June, I attended Mrs. C. in her second confinement. I was first called at 6½ o'clock in the morning, and found her about the room; as yet, only suffering the cutting pains that, commencing lightly two hours previously, were now rapidly getting stronger and more frequent. Thinking there was ample time, I returned home

for my breakfast, and visited her again a few minutes after 8 o'clock; at which time, the pains were more active and rapid, tending to those of an expulsive character. She was requested to lie down; when, on examination, the os uteri being found dilated almost to the extent of the circumference of the head, (which presented in the first position,) I ruptured the membranes. Directly the uterine contractions became strongly expulsive, and by two efforts the head was forced down so as to distend the perinæum. A third expelling the head was, with scarcely an intermission, followed by a fourth, which brought the child into the world. My left hand guarded the perinæum, and my right, supporting the child, received it in the open palm as it was evolved. This double pain was powerful and energetic, but less so than I have frequently observed; since the expelling force was seated chiefly in the uterus, and the woman, having nothing to brace her feet upon or pull at with her hands, could not most actively bring the voluntary muscles into play; and besides, as I observed, the rapidity of the descent of the head, she was directed to restrain her efforts.

I divided the cord and attended to the woman, not suspecting that anything unusual had transpired, until the person, who had washed the child, asked me to look at its leg, which she thought was broken. Great was my surprise, on examination, to discover that the left thigh bone, at the junction of the upper with the lower two-thirds of the shaft, had suffered a complete transverse fracture, allowing the lower fragment to be moved in any direction without the movement being communicated to the upper. There was the most unequivocal crepitation, when the broken ends were rubbed together; and the thigh was not swollen nor had callus been formed, showing conclusively that the accident had just taken place. Carefully placing the child on a pillow and adapting the ends of the broken bone, I gave directions not to have it disturbed. On the next morning the thigh was swollen, hot, and, evidently, from the child's cries when moved, painful. The main difficulty in the treatment was the devising an apparatus appropriate for so small a subject and so tiny a limb; which would secure union without shortening or other deformity, but still be light, easily worn, and allow the child to be handled and dressed. As, in very young subjects, even though the fracture is

complete, the periosteum is not torn across, and little more is necessary in a dressing, since muscular contractions are not to be overcome, than to keep the bone from bending and the foot in the right direction, I selected one as light and uncomplicated as possible—simply two thin pieces of sole leather the length of the thigh, which, when moulded to the leg so as to surround it, were padded and applied. A very large mass of callus, spreading over one half the shaft and quadruple the amount seen in older bones, was with surprising rapidity formed: indeed, in three days crepitation could not be elicited, in seven the consolidation was complete, and in fourteen the union was firm enough to dispense with splints.

The child has since, on many occasions, been under my observation. At present it is barely possible to locate the original place of fracture—a small prominence on the outer face of the bone alone indicating it:—and, in proof that no deformity exists, the child walks without the slightest halt in its gait; and, by careful measurement, no difference in length between the two legs can be detected.

When born the child weighed nearly eight pounds, looked hardy, and was perfectly developed; and, to the present time, has been uniformly well; in fact, I may say, has presented a perfect type of infantile health. It has been free from sickness, unless trivial gastric derangements incident to children cutting their teeth, may be so considered; and any evidence of a constitutional taint has not, as yet, showed itself.

The parents are hale, hearty persons, rarely subjects for medication, neither scrofulous or syphilitic, nor in any sort suffering through vice, poverty or the sins of their progenitors.

In October last, Mrs. C. was confined a third time. This labor, tedious in the first stage, was as rapid, almost, in the second as the previous one—there being only seven or eight expulsive pains, the three last of which, were very energetic and almost continuous, simulating those occasioned by ergot.

When we recollect how difficult it is to break the young bone; which, as it contains the minimum of earthy matter, will rather bend, or at most have only some of its fibres ruptured; it is inconceivable, how a healthy child presenting the vertex, and only subjected to the action of the uterus for fifteen minutes after the discharge of

the waters, could experience a fracture of the thigh. In head or shoulder presentations the arms, and in breech or footling cases the legs do, in some instances, take a position that would favor this accident; and thus, possibly, a limb, driven against the bones of the pelvis, might bear the brunt of the expelling force. In this case the fracture, as the thigh was not the advancing portion of the child, must have taken place either in the pelvis, the thigh being flexed on the abdomen, and then in the birth forcibly extended between opposing points of bone; or in the body or neck of the uterus by the violence of its contractions, the leg lying transversely and the knee and buttock impinging on opposite points of the uterine walls. As the pelvis was very roomy and not misshapen, I am convinced that the fracture occurred in the uterus. From the history of the case, both that of the parents and the subsequent one of the child, a disease of the bones, causing preternatural fragility, cannot be presumed; neither did the mother, by falls, blows or otherwise, receive any injury during gestation; nor was the pelvis small or deformed, or the labor violent and protracted—causes from which the fractures in utero that are recorded have arisen, with the exception only of those occasioned by obstetrical manipulations. Here, there, was no call to interfere, and in fact barely time to receive the child; which was expelled almost solely by the uterus, the woman, meanwhile restraining voluntary effort.

Altogether this case appears to me most remarkable, and I have been unable to meet with any on record resembling it.

In a case published by Dr. VANDERVEER, in the *American Journal of Medical Sciences*, May, 1847, a healthy child, born by the natural efforts, suffered a complete fracture of one thigh during delivery; yet in that, the foot presented, the child weighed fourteen pounds and the labor was of more than twelve hours continuance.

In the same *Journal*, January, 1841, Dr. LÖWENHARDT relates a case where the humerus, forced against the ossa pubis, was broken in its upper third by the expelling power of the labor pains, and the report heard by him standing at the time near to, but not assisting the woman.

In these cases, strictly speaking, the fracture occurred without the uterus; and was due to vehement pains spending their force on a limb that was caught by the bony walls of the

pelvis. Here the cause and effect can readily be comprehended; but in our case, reflecting on all of its attendant conditions, it seems almost too extraordinary to admit of belief, that the muscular contractions of the uterus alone could fracture the bone.

In the treatment of this case, I was fortunate enough to have the counsel and assistance of my colleague, Prof. FRANK H. HAMILTON, who saw it on the third day, and watched its progress with much interest.

ELONGATION OF THE NECK OF THE UTERUS.

Twelve months since the following rare case fell under my charge.

A lady, married but never pregnant, who recently moved to this city, had been troubled for a long period with a train of symptoms, which, of a slight nature at first, had, gradually during the last five years, become so severe, that frequently she was confined to her bed with the most intense suffering. She was of English birth, under the ordinary size, and, until her marriage, enjoyed good health, which at the present time, to a casual observer, would not have appeared much impaired; as her complexion was florid and her person plump and well developed. Yet for a long time, almost constantly, she had been under medical treatment for a list of liver, stomach and kidney disorders, which, arising as was thought, primarily, from marsh miasm, had settled, finally, into chronic hepatic and urinary derangements.

The medicines administered in accordance with this idea failed to afford any but temporary relief; yet, notwithstanding, an examination other than a general one, was never instituted for the discovery of the hidden secret of her many complaints, although her sensations plainly indicated the uterus as the organ where they originated.

At all times she had the following symptoms: a sense of forcing and pressure downward in the pelvis, pain and a feeling of dragging, extending from the back over the hips to the thighs, tenderness in the hypogastric and iliac regions, leucorrhœa, painful and difficult micturition; in a word, all those symptoms, in a marked degree, which attend uterine disease, more especially, procidentia uteri. After walking or any exertion, unless of the gentlest nature, the above symptoms were always aggravated; if not increased to a severe attack, which we will now describe.

Once a month, in connection with her menses, either during, just before or after the flow, she would be seized with agonizing pains of a paroxysmal and expulsive character, that were attended with vomiting, neuralgia of the head, excessive irritability and hysterical spasms; an array of symptoms observed in the worst forms of dysmenorrhœa. To these, however, were added others not peculiar to uterine disease; dysuria, a scanty secretion of urine, loaded with mucus and depositing lithic acid on standing, pain down the course of the ureters, and a tender tympanitic state of the abdomen; which seemed to point to urinary calculi as the source of her sufferings.

I examined the patient at two periods; one when she experienced the greatest relief and felt comparatively well, the other during the height of an attack.

The first examination disclosed the following condition of the pelvic organs; the introitus vulvæ small and contracting spasmodically on touch; the uterus slightly larger than natural and prolapsed into the excavation, and the uterine neck elongated by an out-growth of about three inches in length, of its normal tissue apparently, though it was less firm and dense, which reached to the perinæum and encroached on the urethra. The uterus, being very movable, was readily elevated to its natural position; by which manipulation the feeling of dragging, tenesmus and bearing down, that constantly annoyed the patient was relieved, and I was enabled more accurately to observe the soft, flaccid condition of the hypertrophied neck.

On introducing a small speculum, as was done with some difficulty, this growth was identified as an elongated cervix uteri by the opening at its most dependent portion, that readily admitted the sound. This portion presented a natural appearance, excepting a flattening at its extremity, which previously was detected by the finger, as though it had been pressed for a long time against a flat, resisting surface.

The second examination made it evident that in addition to her symptoms at ordinary times, she, during an attack, had expulsive throes like those in labor, or more precisely, like those occasioned by a polypus of equal size distending the pelvis and pressing on the perinæum. The body of the uterus was not more than two inches within the external parts; and its neck, doubled

on itself, rested with its extremity on the perinæum, near the fourchette. The mass was forced down, so powerfully and persistently, as fill completely the outlet of the pelvis; and, had it not been for the spasmodic contractility of the sphincter vaginæ, the elongated neck would have appeared externally. It was now very difficult and painful to elevate; the uterus; and when this was done, immediately, by an expulsive pain, it was forced down again.

The husband stated to me that for more than two years he had been circumscribed within the limits of Platonic love; and that, from the closure of the passage, coitus was impracticable.

Thinking, that were the uterus permanently supported on a higher level, the patient might possibly be freed in a measure from her annoying symptoms, I introduced a globe pessary on three different occasions, when she was in the least suffering; yet, notwithstanding, I used a small instrument and varied it each time, it failed to be retained, and in an hour or two, came away with expulsive pains. This form of pessary disappointing me, it was not thought worth while to resort to others; since, evidently, these pains would be equally excited by any foreign body, whatever its shape, that was placed in the vagina. The stem pessary, it is barely possible, might, from its not distending the vagina have answered the purpose, but we did not wish to incur the hazard of uterine inflammation which so frequently follows its use; and, therefore proposed the excision of the neck of the uterus as the only means at our disposal for the relief of the patient. As in duty bound, the nature and danger of the operation, with what it might accomplish, was properly represented, so that a choice, knowingly, could be made between present ill health and the promise of restoration. The lady, however, concluded yet for a time to bear with her sufferings rather than to submit to the knife.

Latterly, nothing has been attempted other than medicinal means. With her, camphor has a marked effect in the paroxysms, both to relieve the constitutional symptoms and also the local ones, pain, tenesmus and forcing down. In dysmenorrhœa, threatened abortion and for false labor pains or those following delivery I have found the camphor very efficacious, ranking next to opium and even in some instances succeeding when the latter failed to give relief.

A SECRETION OF MILK AND VULVAR HÆMORRHAGE
IN NEW-BORN INFANTS.

The two following cases of menstruation in the new-born infant, one of which, by the politeness of Dr. GILFILLAN, I had the opportunity of seeing, open a wide field for curious speculation.

We are too prone to recognize none but crude, material agencies; and, having proven, that the fœtus has neither nervous or vascular connections with the mother, we assume that no influence by other channels can pass from one to the other. All cases, of which there are many, showing that certain results are produced in the development of the conception, through the mother's mind or imagination, are ignored or treated with scientific contempt, as if unworthy of the slightest consideration. In other words, being unable to explain the facts, we shut our eyes to their existence; a procedure as sensible as it would be to deny the influence of sunlight in giving a green color to the leaves of plants, because forsooth, it is past comprehension; or to question the influence of the many imponderable forces, inscrutable and beyond our ken, that conspire to our pleasure, good being and health, or produce our discomfort, pain and death.

Granting that deviations in the development of the fœtus are unaccounted for satisfactorily, by attributing them to impressions made on the mother, still, it should be held in mind, that we are as little able to explain why the child, as it grows up, partakes of the bodily and mental peculiarities of its parents. In truth, the expositions, given for vital phenomena, can rarely go beyond the bare statement of the conditions and laws by which they are regulated and usually the *modus operandi* is inexplicable. For example, the laws of endosmosis are well understood, yet no one has shown how two currents of fluid pass at the same time in opposite directions through dead animal membranes, much less how these laws in living structures are modified or set aside.

In the fœtus, whose relations with its mother is so dependent and intimate—the offices of its lungs and stomach being supplied by her blood—oxygen and nutriment transuding from her veins to those of the child—we are in the dark as to the mode by which an influence passes from one to the other, and we know, simply, the fact, that a bond of union, (which from the want of a better term we will call sympathy) unites mother and

child. This sympathy is not only potent in moulding the fœtal organization in utero, but continues unmistakably after birth.

More than this, we have ample evidence that the whole human family is bound together by a sympathetic chain, and that a power—hidden and mysterious—goes forth from person to person, which is manifested in a sensible way when one mind brings another under the sway of its will as is shown by mesmerism in its different phases.

By a law of nature, a bodily and mental union binds together the human race; but, still more intimately, the mother and the fœtus in utero. This union is not completely severed at birth; since the swelling of the breasts and the secretion of milk in the mother are often attended by a swelling of the breasts and a secretion of milk in the child, and sometimes the lochial discharge of the mother by a lochial discharge from the genitals of female infants.

In several cases, during the ten days following birth, I have observed the infant's breasts to become hard and uniformly enlarged, from which a whitish, watery fluid could occasionally be pressed. In three or four the breasts became caked, precisely as we observe in the adult female, and in one, the irritation resulting in inflammation and suppuration, it was lanced, when at least three ounces of pus were discharged.

To disperse the engorgement, squeezing the breasts to remove the milk or the use of stimulating applications should be avoided; and only soothing, emollient lotions employed, as for example, flax-seed poultices, stupes of tepid water, the simple camphor linament, etc., etc.

M. GUBLER has observed the breasts of 1200 new-born infants, and finds in both sexes that a swelling of the breasts and a secretion of milk takes place in the majority of cases. Indeed, at his suggestion, we have an analysis of the infant breast milk by M. QUEVENNE.

	Milk.		
	Woman.	Infant.	Ass.
Butter,	2.60	1.40	1.40
Casein,	3.90	2.80	1.70
Sugar and extractive matter,	4.90	6.40	6.40
Water,	88.60	89.40	90.50

I therefore come to the conclusion, that the new-born infant, by sympathy with the mother,

or by some unknown relationship, has often, like her, a secretion of milk in the breasts; and that, by strict logical induction, we are warranted in presuming the blood discharged from the vagina in such cases to be an analogue of the lochia.

HEMORRHAGE FROM THE GENITAL ORGANS OF FEMALE INFANTS.

I am induced by Prof. CHAPMAN to give a short account of two cases, interesting, I believe, from their rarity, and somewhat singular in a physiological view. In both, a flow of blood resembling the menstrual flow took place within a week from birth.

CASE I. Mrs. C., was delivered of a well-formed female child at full time, December 25th, 1860. She made a good recovery and nothing unusual occurred until January 1st, 1861, when I was requested to look at the baby, as blood came from the private parts and the mother was anxious about it.

On examination, I found the diapers stained very freely with dark-colored blood. The genital organs seemed healthy,—dark venous blood was visible at the lower part of the vagina, and on wiping it away, it was slowly renewed, coming from a point higher up the canal. There was no visible breach of continuity in the mucous membrane of the vulva. I examined it very carefully for this purpose, and separated the lower part of the vagina as well as I could, but no abrasion was perceptible.

I advised a weak solution of acetate of lead to be used as a lotion, not so much for its curative effect, as to satisfy the mother. The discharge continued four days, and gradually disappeared on the 4th January. The child did not seem weakened by the loss, although it exceeded *ziii.* in twenty-four hours.

The mother had secondary syphilis at this time, but the child presented no indications of it then.

March 18th. The child has vesicular patches of a syphilitic character. It was put under treatment with Hydrarg. C. Creta, and finally got well. It is at this date hearty and well. The hemorrhage has never returned since.

CASE II. Mrs. B., a primipara, was delivered of a female child, after a natural labor of twelve

hours. The evening of its birth it vomited very freely and became so blue in the face as to alarm its parents.

April 25th, 1862, six days after birth, the mother asked me to examine the child, as her garment was stained with blood coming from the genitals. The mother stated, that for four days after birth there was a whitish discharge, but yesterday it changed to blood and came pretty freely. The napkin was stained with blood the color of port wine. On separating the labia and nymphæ, a small elongated clot of blood was visible, and was removed, when fluid blood trickled slowly from above. In the afternoon, Dr. Chapman saw the patient with me, and examined her very carefully. There was no abrasion or source of hemorrhage in the vulva, a small coagulum of blood lay in the vagina, and the blood was coming from some point out of sight. The mother was told to bathe it with cold water. It stopped next day and has never returned. On the 25th, upwards of *ziii.* of blood was lost. Both mother and child were and are perfectly healthy, and free from any constitutional taint.

A hemorrhage of this character in new-born infants is singular, and can scarcely be considered menstrual in character. I have not seen any such cases mentioned by medical writers, and from my limited experience of it, I can say little to throw light on its causation. In a few new-born children, both male and female, milk can be squeezed from the mammary glands. In some instances, abscess in the gland is observed in the first two weeks. These facts show that the generative organs are sometimes in a congested or irritable state at birth, and perhaps where the uterus or its appendages are congested, a little hemorrhage takes place from its delicate mucous membrane. The origin of the hemorrhage is similar to that of the menstrual flow, but the remote physiological cause must be different.

Since meeting the first case, I have watched carefully for others, but so far I have only found a second.

WILLIAM GILFILLAN,
Surgeon to the Long Island College Hospital.

January 19, 1863.

HYDROCEPHALUS CHRONICUS.

A year ago the last fall I was called to see an infant a week old, which, the day previous, was seized with convulsions. The cause could not be detected; and, as the child was well developed and every function seemed to be naturally performed, it was presumed to be an obscure state of irritability of the nerve centres; which, in so young a patient, would in all probability eventuate in death. The convulsions of a light and transitory character, only continuing a few moments, recurred for many weeks, occasionally skipping a few days; though usually, they numbered from five to twenty in the twenty-four hours. After some little trial of the usual remedies, I told the parents the case was hopeless; and that it was not worth our while to trouble the child with drugs that could do no good. Contrary to our expectations, the child continued to live, notwithstanding, there was no amelioration in its symptoms; and to increase in size and plumpness, though its development was tardy and imperfect. About the second month a divergence of the eyes was very noticeable; at four months the head began to enlarge, when the convulsions became less frequent, and eventually ceased altogether; at five months the fontanels were large, the cranial bones widely separated at their sutures, at which time the head must have contained nearly a pint of fluid.

After the period above mentioned, not having seen the child for ten days, I was sent for again. Great was my astonishment at finding the head completely emptied of the dropsical effusion; the bones loose and movable, and the fontanels and spaces, when the sutures were separated, cupped downwards by the pressure of the atmosphere. The mother, and another woman living in the same house, stated, that for the three previous days, clear drops of water trickled down from the ears and nose, but more especially from the last named; and that at the same time, the head began to lessen in size, the soft parts to fall in and the bones to settle together.

Now also the convulsions returned.

The fluid had ceased to ooze away, when I saw the patient, and none, as I satisfied myself, remained within the skull. I tied, with the hands, what would be the effect of restoring to the brain-mass, as far as possible, an equable pressure; which nature, so to speak, negligently omitted to do in this remarkable freak of her surgery; but as this procedure excited continuous convulsions, the idea that I entertained of applying adhesive straps was not carried out. The child died the

following evening. No persuasion could induce the parents to consent to an autopsy.

My colleague, Dr. GILFILLAN saw this case during the height of the dropsical distension of the head, and when after death the fluid had disappeared.

PROCIDENTIA UTERI DURING GESTATION*

Mrs. W., healthy, spare habit, and the mother of three children, came under my observation during her second confinement. My attention had been called to nothing unusual in her case. I saw Mrs. W. on the 19th November, 1849; she remarked that her womb had been down for three weeks, with a constant bloody discharge, rather freer than the menses, but natural in appearance. For three weeks she had been constantly on her feet attending to her household affairs. During the three weeks she had made many efforts to reduce the womb, which, from its size and tenderness, were ineffectual. I directed her to keep her bed till the next morning, and in the meantime foment the womb constantly, when I would call again and reduce it.

Nov. 20th.—On examination, I found the womb of the size of the two closed fists, completely external to the body. My thumb and fingers could meet above its fundus, external to the vulva, having only the inverted vaginal walls and ligaments of the womb between them. When she was erect, the womb must have extended nearly to her knees. At the time, I supposed the enlargement of the womb arose from its strangulation and congestion. It is proper to remark, that Mrs. W. said she had been subject, since her first child was born, to an almost constant procidentia when she was on her feet, which she never before had found trouble in reducing. I effected the reduction without much difficulty; applied a compress over the vulva, with a T bandage, and directed her to get up after two or three hours.

Nov. 21st.—Immediately on getting out of bed, the procidentia occurred again. I directed her to lie down, and then found the womb more irritable and larger than before. I reduced it immediately, but with considerable difficulty and the exertion of some force. She was directed to keep the recumbent posture and use astringent injections; a putrid discharge followed, and continued five days. On the 4th of December she felt life, fifteen days from the first reduction. After this time she was allowed to get up, and I discontinued my visits after the 8th.

On the 15th of March I was called to Mrs. W.

* Republished from New York Journal of Med., 1854, and Ranking's Abstract, 1855.

again. She said that she had continued feeling-life stronger and stronger every day since I had last seen her; that the womb had been down many times since my last visit, but that she had been able to put it back; that now it was down further and of greater size than ever before, and that she could not reduce it. Besides, she had labor-pains that recurred every ten minutes. I found the fundus uteri as high as the umbilicus; the neck of the womb, external to the genital fissure, something larger than the two closed fists. Through the os uteri I could feel the child's head resting on the rami of the ischia and ossa pubis. As I failed to reduce the uterus while she lay in bed, I directed her to turn on her face, resting on her knees and shoulders, in which position I easily succeeded. On examination, I felt the os uteri dilated to the extent of a circle two inches in diameter. The pains gradually subsided, and in two hours time the os uteri had contracted to the size of half a dollar.

On the 29th of March she was taken in labor, and delivered of a strong, vigorous female child, weighing six pounds. She must have been at her full term, from the development of the child's head; the posterior fontanel was closed, and the anterior was no more open than usual. No proclivencia occurred during the labor, but the womb rested low in the pelvis. Mrs. W. said that the womb had come down every two or three days since the reduction in November, and also in March, but that, by lying down, she could reduce it. Probably after the reduction in November, the proclivencia was only partial. During her whole gestation the child's head undoubtedly rested on the perinæum, as she remarked that it always seemed to her that she sat on the child.

She was delivered 130 days after the reduction in November, consequently (allowing 280 days for the term of gestation) she was at that time advanced 150 days, or 21 weeks and three days, or about five months. At this time, it is to be recollected, when she was five months advanced in pregnancy, the womb had been completely external to her body, hanging nearly to her knees for the space of three weeks; and during this time she continued about her house every day, suffering nothing more than the inconveniences of dragging pains, the discharge, and the obstruction to walking, from the bulk of the womb and its tenderness.

SPONTANEOUS EVOLUTION, (PELVIC.)

In the winter of 1851, I was called to a young woman in her first labor, who, for more than two days had had a midwife in attendance. Her pains,

active and powerful after the rupture of the membranes, that took place thirty-six hours previously, became eventually less regular and energetic until they subsided almost completely; and now the patient worn out by ineffectual efforts and long-continued sufferings, was reduced to an extreme state of exhaustion, as was evident, not only from the cessation of uterine activity, but also from the constant retching and vomiting, the restlessness and jactitation, the dark, suffused countenance and rapid, running and flickering pulse.

On examination the right shoulder and arm of the child were found in the excavation, its back toward the pubes, and its head to the left side of the mother, resting above the rim of the superior strait on the ramus of the pubic bone. The shoulder was not crushed down as low in the pelvis, as usually is the case in such a presentation left to itself, but drawn closely to the left side; and the body extending toward the right sacro-iliac synchondrosis and doubled forward on itself, had been forced below the superior strait, allowing the scapula, spine and back portion of the ribs to be reached by the finger. In other words the child seemed to lie very nearly in the oblique diameter of the upper strait with the shoulder and back part of the chest below the linea ileo-pectinea. The os uteri could not be felt by the finger.

To confirm my diagnosis and make surety doubly sure, I now pulled down the arm and thus made myself certain of the presenting part by ocular inspection.

Not supposing that Nature would come to my aid, I left the house to obtain an assistant and also to procure my instruments. On my return in half an hour's time, I discovered that in the meanwhile, the pains had become expulsive and of considerable force; and by an examination, that the right buttock was distending the perinæum as in an ordinary breech presentation and that the arm had receded within the pelvis. Without any interference on my part, other than a gentle traction with my finger in the groin, the child, which was dead, was born in a few minutes. The process was extremely rapid and no unusual distention of the perinæum took place.

After a short respite, a second child, presenting the breech, was born dead. The woman by her reckoning, and from the maturity of the children, had attained the full period of gestation. I regret that from neglect I am unable to state the weight of the children accurately; though in both, I should think, it was between $4\frac{1}{2}$ and $5\frac{1}{2}$ pounds.

Had I not witnessed the change of position

effected in this case by the natural resources, the possibility of spontaneous evolution at the full term of gestation would have always been to my mind problematical. It is certain that under the most favorable conditions, when the pelvis is roomy and the child small, this result is not to be expected or waited for, but that it can and has happened many times, as recorded by writers, I must now believe.

Two theories have been advanced in explanation of the mechanism by which spontaneous evolution takes place; the older, that of Denman, who was the first to describe and illustrate the process, was that the shoulder being driven against the unyielding sides of the pelvis, gradually in the periods of uterine relaxation, slid upward into the cavity of the uterus, taking the place of the breech, which in an equal degree slipped down into the excavation. In other words he supposed the child to revolve as on an axis, the buttock and shoulder eventually changing places; when the labor was completed in the same manner and with as little delay as in an ordinary breech presentation.

This theory of Denman's was universally accepted by the profession, until it was called into question by Dr. Douglass in 1811, who proved, as it was thought, satisfactorily, that the explanation, offered by this author of the phenomenon, was incorrect, and that the presenting part could not return into the womb, when this was condensed and powerfully contracted, and thus allow the breech to glide into the excavation; but that the shoulder after many and powerful pains became fixed under the pubic arch, by which means the acromion process was thrust into the vulva and the neck against the inner face of the ossa pubis, when, through the slight additional space thus given, the body of the child revolved on this fixed point as a fulcrum and was born by its coming down the pelvis doubled on itself and passing the vulva en masse without any change in the position of the shoulder, thus necessitating a frightful distention of the perinæum. In other words the shoulder is partly born, when

becoming arrested by the neck impinging on the pubic bones, the fœtus revolves around this fixed point, and at the birth its entire body comes into the world at the same time.

It is not for me to deny that the process delineated by Dr. Douglass can take place, though I must confess that my doubts amount to an unbelief in this explanation of the act of evolution at the full period of gestation. It certainly seems impossible and I am certain that the evolution in the case related above was not effected in this manner. The woman was exhausted, almost in a moribund condition, the real pains of labor had died away, leaving only unequal irregular spasmodic contractions in their place. The shoulder was not under the pubic arch, and when, on my return to the house, the pains had recommenced, the shoulder was not to be felt, the arm was drawn up and the breech passed the perinæum, rapidly and with the greatest ease. In fact if at this stage I, for the first time, had seen the case I should never have suspected that it was other than a breech presentation.

It appears to me, that, as the child's neck rested on the ramus of the os pubis and its head extended into and was bent toward the abdomen by the neck of the womb, and as the side and back of the chest projected below and extended across the superior strait to the sacro-iliac symphysis, and as the buttocks were embraced by the opposite point of the neck; the irregular, spasmodic and cyeumgyrating contractions of the uterus, but more especially of its neck, during the respite from true labor pains, changed the position of the child—elevating the head and shoulders and equally depressing the breech into the pelvis—when the pains were renewed. Judging from my observations in this case, I should say that spontaneous evolution, whether pelvic or cephalic, could occur in no other way, and that it must take place during the absence of the regular labor pains, by the unequal muscular action of the uterus or its neck shifting the position of the child.

